Common Market for Eastern and Southern Africa
Comprehensive Africa Agriculture Development Programme (CAADP)

COMESA, Transboundary Animal Diseases and Marketing of Beef

POLICY BRIEF Number 4 - September 2009

Strengthening of trade among COMESA member countries, establishing a Free Trade Area that will include all eastern and southern African member countries of COMESA, EAC and SADC, and an increased global demand for meat create new and exciting opportunities for trade in livestock commodities, particularly beef. The presence of certain greatly feared trade-sensitive diseases in the region poses a challenge to the beef industry. Policy options to overcome the challenge by providing science-based evidence that COMESA beef is safe and healthy are explored.

COMESA potential for beef trade

According to FAO statistics for 2005, the 19 COMESA Member States collectively own close to 128 million head of cattle. Sudan and Ethiopia have the largest national herds, at some 38 million each, followed by Kenya and Madagascar, with 12 and 10.5 million respectively. However, only a little more than 2 tonnes of commercially- produced beef was recorded for the same period. The great potential for producing beef to generate wealth in the region is therefore far from being realised.

Why so little beef?

While the statistics certainly do not reflect the total amount of beef derived from cattle in COMESA countries, they do reflect the amount that is sold through formal channels. Pastoral husbandry, long-established markets for live animals, and traditional value systems in which the animals themselves are wealth and not a source of income contribute to the apparent low yield, but also lack of infrastructure, low productivity and, most importantly, lack of access to high value markets owing to the presence of diseases that are greatly feared by potential trading partners. This barrier to trade is largely responsible for lack of progress and change – why change if there is no perceived benefit? African livestock producers are told that the 'global livestock revolution' offers a way out of poverty, yet the door remains closed owing to sanitary requirements that are, according to the international standards widely applied, extremely difficult for their countries to achieve.

What are these feared diseases?

Foot and mouth disease (FMD) is without doubt the most important disease that keeps cattle from 'infected' countries out of the high value markets. These markets are located in countries that have eradicated FMD, and its occasional reappearance, as occurred in the UK in 2001, only reinforces their determination to keep it out. How they may do so is set out in the Terrestrial Animal Health Code of the World Organisation for Animal Health (OIE), and this relies upon not sourcing animals or meat from

countries or zones that cannot be proven free of FMD either with or without vaccination. Since the SAT viruses that are endemic in African buffalo and in cattle in much of the region are different from those in other parts of the world and cannot be controlled with the same vaccines, and types O and A are also prevalent in cattle populations in several countries, there is a perception that African cattle are dangerous indeed! The other significant disease is Rift Valley fever (RVF). Although it does not have the same potential for rapid spread as FMD, it can cause serious and even fatal disease in humans, and therefore arouses fear that is out of proportion to the real risk. However, in terms of market access for beef it is of far less significance than FMD, as trade is generally only affected during outbreaks, which are sporadic, climate-linked and for that reason increasingly predictable, although weather-based false alarms can cause serious interruptions to export.

Achieving freedom from FMD

FMD is one of four diseases for which the OIE recognises free status. Countries achieve this by providing proof that either the whole country or certain parts of the country are free from FMD by offering scientific proof of its absence. While freedom without vaccination is preferred, OIE recognises freedom with vaccination provided that the means exist to distinguish between vaccinated and naturally infected animals. Countries wishing to have one or more free zones recognised must ensure physical separation between them and endemically infected areas, as well as vaccination in the zone of possible contact and continuous surveillance for the presence of the disease. In the event of an outbreak in the free zone, free status is lost and to regain it all the cattle in and around the outbreak area have to be destroyed. These measures are expensive, and while they benefit cattle producers in the free zone, cattle producers in infected and buffer zones are placed at a terrible disadvantage, since it is usually difficult, if not impossible, for them to market their cattle even in the free zone in their own country, let alone for export.

Is there another way?

Contrary to the perception that African cattle are largely infected with FMD, the great majority of course are not, and their meat would pose no risk to human and animal health. However, additional assurances are usually required by importers. According to Article 4 of the WTO SPS Agreement (Sanitary and Phytosanitary Agreement), which provides guidelines for safe trade in agricultural commodities, assurance of commodity safety must be based on sound technical evidence, but this evidence does not have to be identical in all cases. Thus, matured beef derived from healthy animals in a recognised FMD-free zone will automatically be regarded as safe in terms of FMD. However, since there is adequate scientific evidence that FMD virus is unable to survive in de-boned and de-glanded matured beef, there is no reason why this commodity, derived from healthy cattle that have been subjected to ante-mortal inspection and slaughtered under the prescribed conditions for export, should not be accepted as having an equivalent level of safety regardless of the status of the area of origin.

The way forward

COMESA states need to recognise the potential benefits that will accrue if this principle of equivalence is widely accepted and applied. To this end, every effort should be made to lobby both potential trading partners and international standard-setting bodies, in particular the OIE, using the available scientific evidence, to abandon the *status quo* based on geographical freedom alone and embrace the principle that if a product (such as de-boned beef) is inherently safe for a particular disease, this is equivalent to geographical freedom from that disease, so that a wider world can enjoy COMESA beef.

Reference

Thomson, G.R., Leyland, T.J., Donaldson, A.I. 2009. De-boned beef, an example of a commodity for which specific standards could be developed to ensure an appropriate level of protection for international trade. *Transboundary and Emerging Diseases* 56: 9-17.

Acknowledgements

This fourth COMESA Policy Brief was prepared by Dr. Mary-Louise Penrith and Dr. Gavin Thomson under support provided by TADScientific to the *Pastoral Areas Coordination, Analysis and Policy Support (PACAPS)* project. PACAPS is a project of the Feinstein International Center, Tufts University, implemented in partnership with COMESA. It is funded by the United States Agency for International Development as part of the wider program "*Regional Enhanced Livelihoods in Pastoral Areas (RELPA)"*.

Further information

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